**Spot Purchase Advocacy Form**

**Spot Purchase Advocacy is advocacy work purchased on a case-by-case basis rather than provided as part of our main commissioned contracts. This is charged at an hourly rate of £40 (unless stipulated by a specific contract already in place), plus expenses incurred completing the work.**

**We can provide any kind of independent advocacy support as required by authorities. If you would like a Spot Purchase advocate, please complete the form below.**

Purchasing Authority

|  |
| --- |
| Click or tap here to enter text. |

Billing address (including postcode)

|  |
| --- |
| Click or tap here to enter text. |

Billing email address

|  |
| --- |
| Click or tap here to enter text. |

Authorisation of charges (£40 p/hr, mileage 45p per mile)

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]**  | Yes | **[ ]**  | No |

Authorisation of additional charges where required to complete advocacy

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

Purchase Order number (required)

|  |
| --- |
| Click or tap here to enter text. |

Name of Authorising person

|  |
| --- |
| Click or tap here to enter text. |

Job Title

|  |
| --- |
| Click or tap here to enter text. |

Email address

|  |
| --- |
| Click or tap here to enter text. |

**Work and Client Details**

Type of advocacy required

|  |
| --- |
| Choose an item. |

Other (please specify)

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Client name | Date of Birth  |

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |

Client setting/address (including postcode)

|  |
| --- |
| Click or tap here to enter text. |

Contact details for setting

|  |
| --- |
| Click or tap here to enter text. |

Specify reason for advocacy support

|  |
| --- |
| Click or tap here to enter text. |

(DoLS only) – office contact

|  |
| --- |
| Click or tap here to enter text. |

Work Start Date

|  |
| --- |
| Click or tap to enter a date. |

Work End Date

|  |
| --- |
| Click or tap to enter a date. |

Number of hours/visits or open-ended (please be as specific as possible & outline the maximum number of hours where applicable)

|  |
| --- |
| Click or tap here to enter text. |

Reports Required

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]**  | **Yes** | **[ ]**  | **No** |

Frequency

|  |
| --- |
| Choose an item. |

Other (please specify)

|  |
| --- |
| Click or tap here to enter text. |

Additional Comments or Requirements (any restrictions on funding etc)

|  |
| --- |
| Click or tap here to enter text. |

**Once we have received and reviewed your agreement, we will check capacity to complete the work within the service. If the form is complete and there is capacity, we will progress the referral via our Administration Team.**

**You will then be allocated an Advocate who will be in touch with you to commence work. if the agreement is incomplete or we do not have capacity to support you, our Administration Team will be in touch to confirm this, and any next steps needed.**

**Once completed, return the form to our secure email account:** **yvc.uk@nhs.net**

**For more information about the services we provide please visit our website at** [**www.yvc.org.uk**](http://www.yvc.org.uk) **or call our office on Freephone 0800 048 7856**